

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/25/2005 SNAJARRO 00000106 10521465

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP

05/24/2005 FSNITH 00000001 10521465

01 FC:1642	400.00 OP
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02 FC:1632	-500.00 OP
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Refund Ref: 0030022157
05/24/2005

Credit Card Refund Total: \$100.00

Am Exp.: XXXXXXXXXXXX1007

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/521405</u>															
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT														
<input checked="" type="checkbox"/> Filing			\$ 100														
<input type="checkbox"/> Amendment			\$														
<input type="checkbox"/> Extension of Time			\$														
<input type="checkbox"/> Notice of Appeal/Appeal			\$														
<input type="checkbox"/> Petition			\$														
<input type="checkbox"/> Issue			\$														
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$														
<input type="checkbox"/> Maintenance			\$														
<input type="checkbox"/> Assignment			\$														
<input type="checkbox"/> Other			\$														
		7 TOTAL AMOUNT OF REFUND		\$ 100													
		8 TO BE REFUNDED BY:															
10 REASON:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="checkbox"/> Treasury Check</td> </tr> <tr> <td><input type="checkbox"/> Credit Deposit A/C #:</td> </tr> <tr> <td>9 <table style="display: inline-table; border: 1px solid black; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> </td> </tr> </table>			<input type="checkbox"/> Treasury Check	<input type="checkbox"/> Credit Deposit A/C #:	9 <table style="display: inline-table; border: 1px solid black; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>										
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<input checked="" type="checkbox"/> Overpayment																	
<input type="checkbox"/> Duplicate Payment																	
<input type="checkbox"/> No Fee Due (Explanation):																	
<div style="display: flex; justify-content: space-between;"> 02 F01632 -500.00 00 </div> <p align="center" style="font-size: 1.2em; margin-top: 10px;"><i>Credit Card Refund</i></p>																	
11 REFUND REQUESTED BY:																	
TYPED/PRINTED NAME: <u>Frederick Smith</u>		TITLE: _____															
SIGNATURE: _____		PHONE: _____															
OFFICE: _____																	

THIS SPACE RESERVED FOR FINANCE USE ONLY:																	
APPROVED: _____		DATE: _____															

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: